



# TCEQ Microbial Reporting Form

CORR FORM  
03/10/19-01 Rev. 2

Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: TX 2210014

Public Water System Name: Pflugerville

County: Travis

Client Name: City of Pflugerville

Address: PO Box 588

City, State, Zip: Pflugerville TX 78691

Preliminary Report: Matt.j@pflugerville.tx.gov

Construction Project Name

Phone #: 512-402-4063

Test Request: 24PA Acc. or Pmt: 8

Sampler Name (Print): Matt Johns

Operator License #: WD0016138

Signature: [Signature] Operator:  Other:

Sample ID & Date of Original Sample (All Repeat, Replacement, & Triggered Raw Samples)

Sample ID #	Field Sample	Sample Type: (✓ one)				Collected			Replacement
		Routine (Distribution)	Repeat	Raw Well	Special	Construction	Date	Time	
<u>1</u>	<u>Lake Pflugerville pump station 1716bxiss</u>			<input checked="" type="checkbox"/>		<u>3/23/22</u>	<u>12:21</u>	<u>am</u>	<input type="checkbox"/>
								<u>am</u>	<input type="checkbox"/>
								<u>pm</u>	<input type="checkbox"/>
								<u>am</u>	<input type="checkbox"/>
								<u>pm</u>	<input type="checkbox"/>
								<u>am</u>	<input type="checkbox"/>
								<u>pm</u>	<input type="checkbox"/>
								<u>am</u>	<input type="checkbox"/>
								<u>pm</u>	<input type="checkbox"/>

City of Round Rock Environmental Services  
Laboratory  
Round Rock, Texas - Phone: (512) 218-5561, Fax: (512) 341-3316  
www.roundrocktexas.gov/waterlab

TCEQ Laboratory ID: 48159  
\*\*By indicating e-mail the submitter agrees that the lab may report preliminary results as reported on this simplified chain of custody form. These results are not final and have not completed Quality Control.

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced?  Yes  No  
Refrigerated By (Name): [Signature] Date / Time: 3-23-22 10:22 PM  
Received By (Counter, if applicable): [Signature] Date / Time:  
Relinquished By (Counter): [Signature] Date / Time:  
Received By (Lab): [Signature] Date / Time: 3/23/22 13:20

Lab Comments:  
Tested By: [Signature] Read By: [Signature]  
Laboratory Approval: [Signature] Date: [Signature]  
Report to Client By: [Signature] Date: [Signature]

Chlorine Residual  
Circle "F" for Free, "T" for Total (mg/L)  
0.00

Test Method:	Preliminary Lab Results				Laboratory Sample ID Number
	SM 9223 ONPG-MUG Coliform test method		E. coli		
Chlorine	Present	Absent	Present	Absent	
<input checked="" type="checkbox"/>					<u>22-03837</u>